



STATE OF MARYLAND

DMMH

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September 9, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:36

Reporting for the week ending 09/06/08 (MMWR Week #36)

CURRENT HOMELAND SECURITY THREAT LEVELS

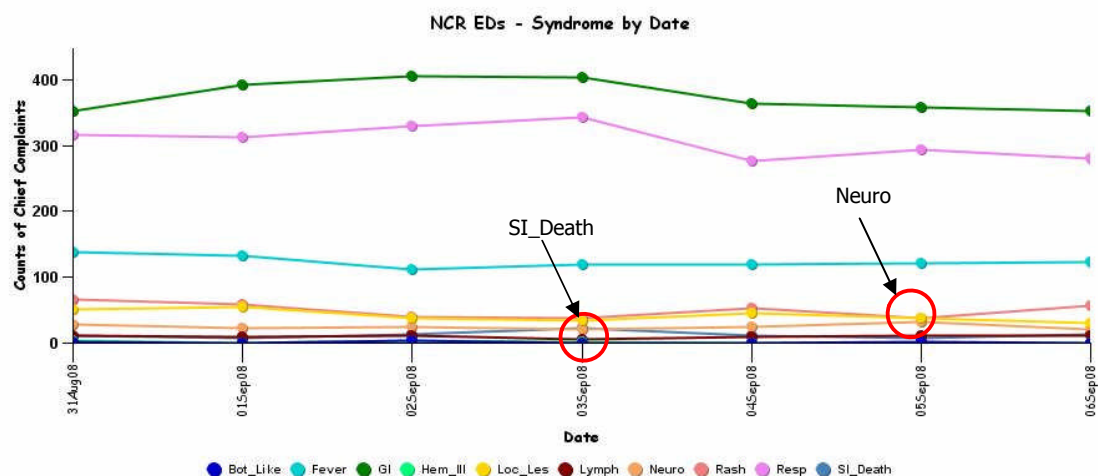
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

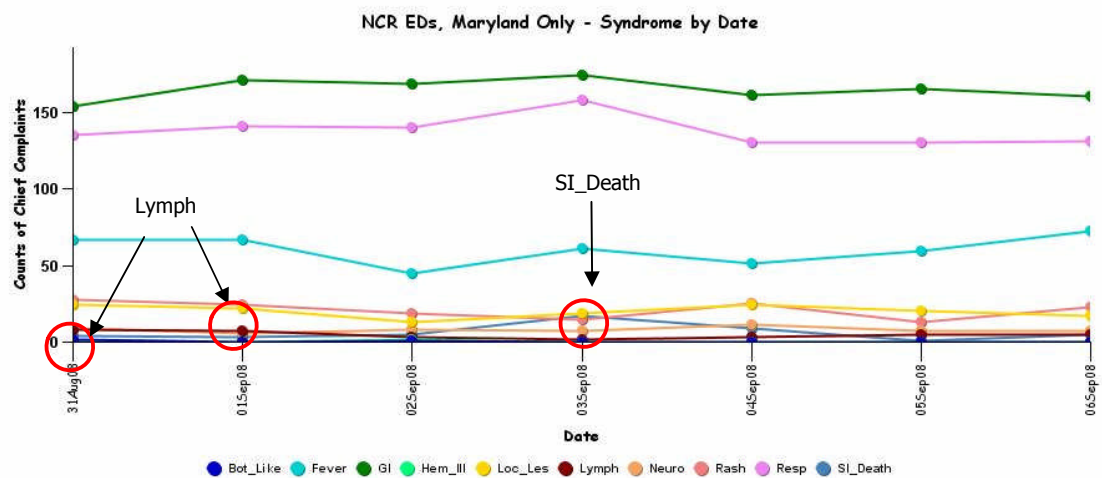
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

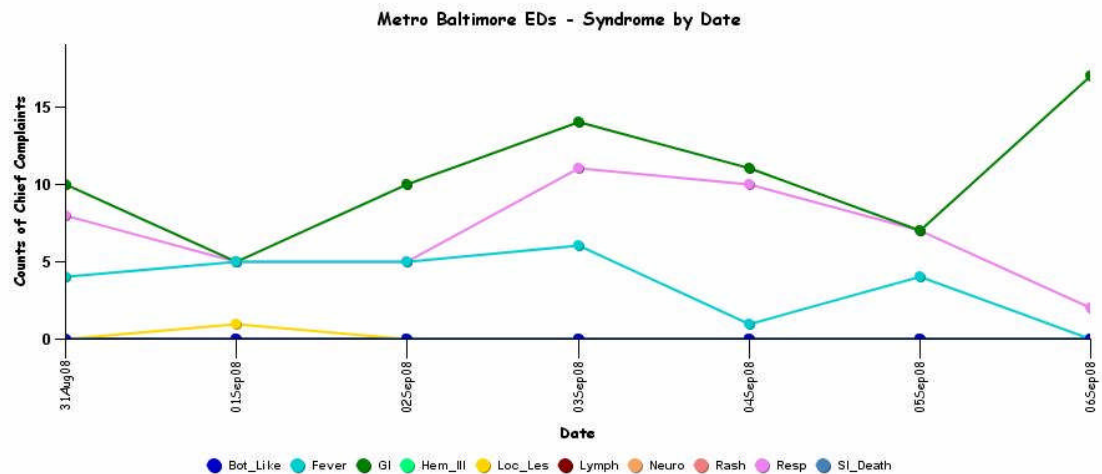
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

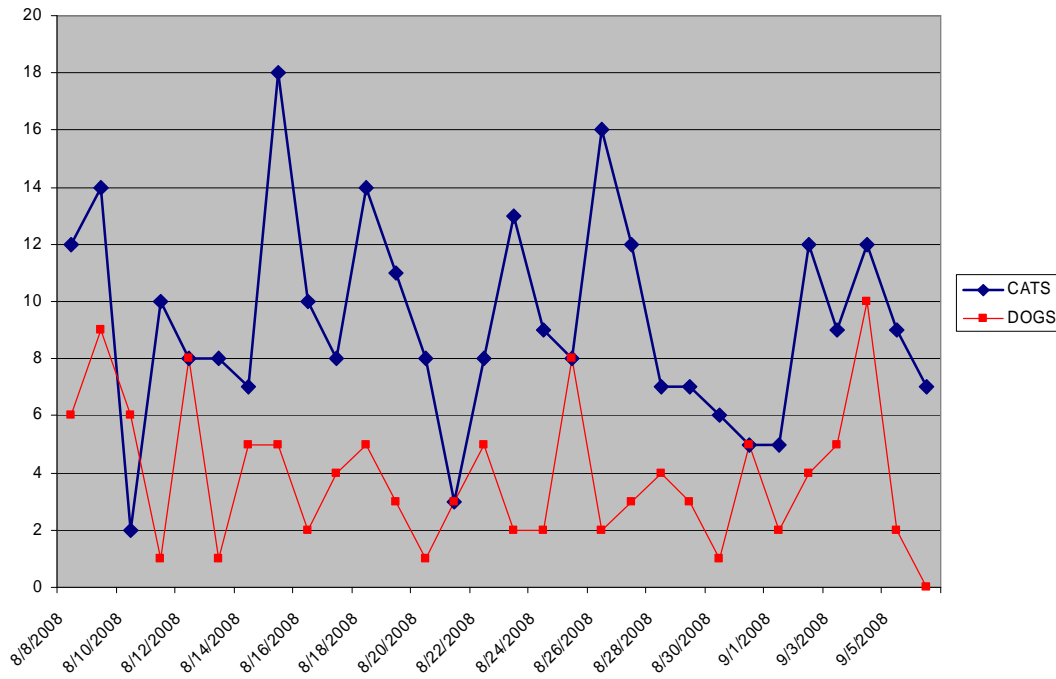


****NOTE: Not all data for Metro Baltimore hospitals was available for MMWR Week 36, due to technical issues that are being addressed****

* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

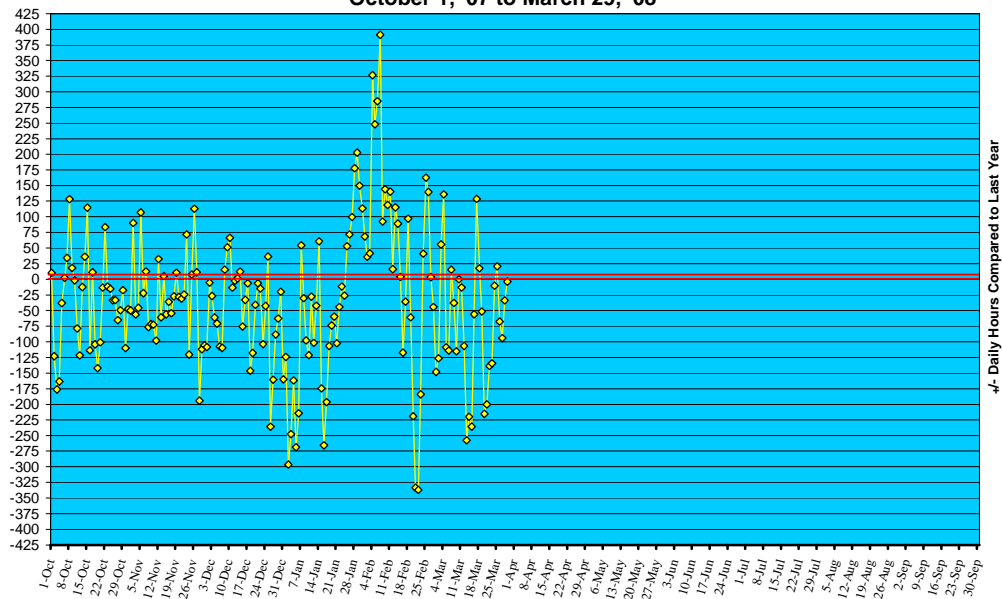


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in August 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Aug 31 – Sept 6, 2008):	11	1
Prior week (Aug 24 – 30, 2008):	18	0
Week#36, 2007 (Sept 4 - Sept 10, 2007):	15	1

2 outbreaks were reported to DHMH during MMWR Week 36 (Aug. 31- Sep. 6, 2008):

2 Respiratory illness outbreaks

1 outbreak of AFRD associated with a Nursing Home

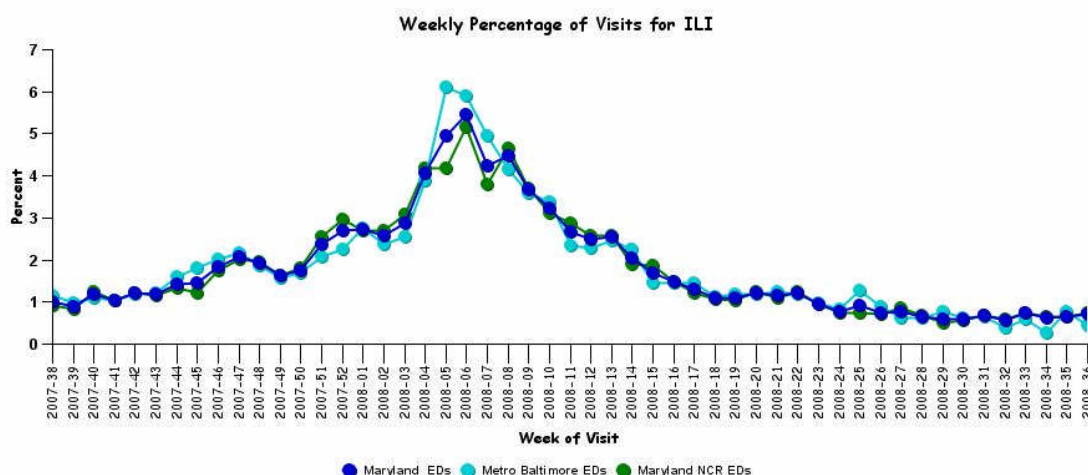
1 outbreak of PERTUSSIS associated with Private Homes

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of June 19, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 385, of which 243 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, LOW PATHOGENIC, H5N8 (USA (IDAHO)): A southwestern Idaho bird farm has been quarantined after a bird there was found to have a low pathogenic bird flu, but Idaho Department of Agriculture officials say it is not the same bird flu virus that has spread through birds in Asia, Europe, and Africa. According to a statement from the Agriculture Department, the type of virus found in the Idaho game bird is commonly found in wild birds and normally causes only minor illness in the animals. The statement said the virus poses little or no risk to human health and it's not believed that any people have gotten sick in connection with the ill bird. The Agriculture Department quarantined the farm and will test the flock, investigate the source of the illness, and notify neighboring game bird and poultry farms.

NATIONAL DISEASE REPORTS:

BRUCELLOSIS, BOVINE (MONTANA): Montana has lost its federal disease-free status for brucellosis, triggering mandatory testing of cattle being shipped out-of-state. Brucellosis, which can cause female cattle to abort their young, has been found twice in Montana in the last 2 years near Yellowstone National Park. Eradicated elsewhere in the country, the disease persists in Yellowstone's bison, elk, and other wildlife and is occasionally transmitted to cattle. State Veterinarian Marty Zaluski said Montana must wait until May 2009 to request reinstatement of its disease-free status. That's a year after brucellosis was most recently found in a cow from a ranch near Pray. An earlier infection on a ranch in Bridger in May 2007 was Montana's 1st since 1985. Federal DNA testing points to wildlife as the source of the Pray infection. Since no bison are found in that area, Zaluski has said elk are the most likely culprit. The testing of cattle is expected to cost ranchers in the state's billion-dollar cattle industry an estimated USD 6 million to USD 12 million. It will be required of export cattle that are capable of breeding and over 18 months of age, at a cost of USD 7.50 to USD 12 per head. A small number of cattle, including those being sent directly to slaughter, will be exempt from testing. To regain its disease-free status from the US Department of Agriculture (USDA), state officials plan to expand cattle vaccinations and find ways to keep cattle from interacting with wildlife. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

E. COLI VTEC NON-O157, RESTAURANT (OKLAHOMA): Hospital and school officials said Tuesday (26 Aug 2008) that children are among the growing number of victims of an intestinal illness outbreak in north east Oklahoma. One person has died, 17 have been hospitalized, and 40 are ill in connection with the outbreak, according to the state Health Department. The department says victims have experienced severe and bloody diarrhea, and most had eaten recently at the Country Cottage buffet restaurant in Locust Grove, Oklahoma, which is 50 miles east of Tulsa. At least 7 of those hospitalized are children. St Francis Hospital in Tulsa reported on Tuesday evening (26 Aug 2008) that 13 children have been admitted, and 4 are in the pediatric intensive care unit. 3 children, ages 18 months to 12 years, are undergoing dialysis at Children's Hospital at St Francis, said Dr William Banner, co-director of the hospital's pediatric intensive care unit. 2 other children were transferred to Oklahoma City for similar treatment, and a 15 year old may soon need dialysis in Tulsa, Banner said. Larry Weatherford, a state Health Department spokesman, said on Tuesday (26 Aug 2008) that state officials became aware of a "suspicious cluster of illnesses on Friday (22 Aug 2008) but decided not to alert the public until Monday because "there wasn't information pointing any one direction at that point." (Food Safety Threat is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

EASTERN EQUINE ENCEPHALITIS, EQUINE (NORTH CAROLINA): Harnett County health officials are warning residents to protect themselves and their horses against mosquitoes after 3 animals died from a dangerous disease that can affect humans, in eastern sections of the county over the past 3 weeks. Harnett County Health Director John Rouse said one horse was found dead in a stable by the owner. Another died after signs were discovered by the owner. The 3rd animal, an emu, died and the disease was found in its blood. The cause of all 3 deaths, which happened in areas near Dunn and Coats, was determined to be equine encephalitis, a disease originally carried by birds. Mosquitoes, which bite the birds, then pass the disease on to horses, or potentially humans. Equine encephalitis causes swelling of the lining of the brain, which eventually causes death. Mr. Rouse said citizens in all areas of the county need to take precautions to prevent the disease. "These mosquitoes that carry this virus are out there and they are biting people," Mr. Rouse said. "It is something that is potentially dangerous, especially for small children and the elderly." Mr. Rouse said there is no human vaccination for encephalitis, but people can survive the virus if they are bit. "A normal, healthy person should be able to

fight it off," he said. "We just worry about people who are sick or are too young or old to fight it off. It can do nothing, or it can make you real sick," Mr. Rouse said. Symptoms in humans vary, from minor to serious. Mild cases most often result in flu-like symptoms such as a slight fever and sore throat. More serious cases can lead to a sudden fever, seizures and eventually stroke. (Easter Equine Encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

BRUCELLOSIS, OVINE, HUMAN (RUSSIA): A total of 35 sheep have been tested positive for brucellosis on a private farm in the village Volchikha of Volchikhinskaya region. The farm is located in the territory of former bigger farm called Voskhod. There are 701 sheep on this farm and specimens have been taken from all of them. One sheep died before being tested. The regional office of ministry of emergencies said that there are 9 people who came in contact with these sheep. All these people have been tested for brucellosis as well, and 3 of them had positive results. Currently all sick and suspected animals have been isolated. The entire herd is banned from entry into grazing areas. The entrances to the infected farm are supplied with disinfecting barriers. The entire farm has been disinfected. A ruling of local government has been issued about limitations imposed on sheep in the territory because of brucellosis. The issue of utilization of sick animals and contacted herd is now being discussed. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE ENTERITIDIS, CHEESE (CANADA): One person has died and 87 cases of salmonellosis have been linked to 3 brands of contaminated cheese in Quebec, provincial health authorities said on Friday (29 Aug 2008) in announcing a recall. The raft of cases occurred in 3 areas: Chaudiere-Appalaches, Estrie-Mauricie, and Centre-du-Quebec, Dr Horacio Arruda, the province's director of public health, told a news conference in Montreal. The areas, which are in zones south of Quebec City, the Eastern Townships, and central Quebec, experienced an unusually high incidence of cases in recent weeks. Quebec normally sees 1000 cases of salmonellosis province-wide every year. The death was an elderly person in Chaudiere-Appalaches, Arruda said. About 40 per cent of the people infected had to be treated in hospital for at least a day to be rehydrated or for other symptoms, Arruda said. More cases are expected to occur in the 3 regions. The Quebec Department of Agriculture, Fisheries and Food, in co-operation with Fromages la Chaudiere of Lac-Megantic, warned consumers not to eat any of the non-refined hard cheeses called La Chaudiere, Polo, and Tradition because they might contain _Salmonella_ Enteritidis bacteria. Products produced between 24 Jul 2008 and 24 Aug 2008 have been recalled. At the beginning of the investigation, anecdotal information and questionnaires pointed to cheese being involved in the outbreak, Arruda said. "We immediately ordered a special study of the patients as well as other individuals in the region who could have eaten the same food in order to identify the cause," Arruda said in French. "We found a similar genetic print in many of these cases." (Food Safety Threat is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

National Preparedness Month (NPM):

September is the NPM, which is sponsored by the U.S. Department of Homeland Security's (DHS) Ready Campaign. NPM is held each September and is designed to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and communities.

September 2008 is the fifth annual NPM. The month will focus on important preparedness steps including:

- **Get an Emergency Supply Kit**
- **Make a Family Emergency Plan**
- **Be Informed**
- **Get Involved**

Make a Plan

Make sure you have a family emergency plan. Your family may not be together when disaster strikes, so it is important to plan in advance: how you will contact one another; how you will get back together; and what you will do in different situations.

Family Emergency Plan:

- It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact may be in a better position to communicate among separated family members.
- Be sure every member of your family knows the phone number and has coins or a prepaid phone card to call the emergency contact.

- You may have trouble getting through, or the telephone system may be down altogether, but be patient.

Emergency Information:

Find out what kinds of disasters, both natural and man-made, are most likely to occur in your area and how you will be notified. Methods of getting your attention vary from community to community. One common method is to broadcast via emergency radio and TV broadcasts. You might hear a special siren, or get a telephone call or emergency workers may go door-to-door.

Emergency Plans:

You may also want to inquire about emergency plans at places where your family spends time: work, daycare and school. If no plans exist, consider volunteering to help create one. Talk to your neighbors about how you can work together in the event of an emergency. You will be better prepared to safely reunite your family and loved ones during an emergency if you think ahead and communicate with others in advance

Please visit <http://www.ready.gov/> for more information.

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Dutch patient dies from Tamiflu-resistant H1N1 virus

http://www.promedmail.org/pls/otn/f?p=2400:1001:4065086702077695::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,73845

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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